

EXHIBIT H



**CITY OF MADISON
ZONING BOARD OF APPEALS
APPEAL APPLICATION**

\$200 Filing Fee

Ensure all information is **typed** or legibly **printed** using blue or black ink.

Notices are sent to the District Alderperson and to owners of record as listed in the Office of the City Assessor. Maximum size for all drawings is 11" x 17".

Name of Applicant: Edgewood High School of the Sacred Heart, Inc.

CITY OF MADISON

Address: 2219 Monroe Street

Madison, WI 53711

MAY 31 2019

Daytime Phone: (608) 257-1023

Evening Phone: N/A

Email: mike.cary@edgewoodhs.org (with copy to krist@foley.com and mdlee@foley.com)

**Planning & Community
& Economic Development**

1. The undersigned hereby appeals the decision of the Zoning Administrator in regard to
Madison General Ordinance Section No. 28.097

2. When relevant to a specific property, fill out below:

Street Address: 2219 Monroe Street

Madison, WI 53711

3. ☒ List of grounds for the appeal, statements, evidence of fact, and any additional information associated with the appeal are provided on a separate attachment.

Applicant Signature: _____

FOR OFFICE USE ONLY

Amount Paid: _____	Zoning District: _____
Receipt: _____	Hearing Date: _____
Filing Date: _____	Published Date: _____
Received By: _____	Appeal Number: _____
Parcel Number: _____	GQ: _____
Alder District: _____	

DECISION

The Board, in accordance with the findings of fact, hereby determines that the requested appeal for _____ is

☐ **Approved**

☐ **Denied**

☐ **Conditionally Approved**

Zoning Board of Appeals Chair:

Date:

1/3/13